

**Political Organization
Report of Contributions and Expenditures**

OMB No. 1545-1696

► See separate instructions.

A For the period beginning 01/01/2013 and ending 06/30/2013

B Check applicable box: ☒ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization HOWARD COUNTY REPUBLICAN CLUB **Employer identification number** 90 - 0545182

2 Mailing address (P.O. box or number, street, and room or suite number)
PO BOX 8581

City or town, state, and ZIP code
Elkridge, MD 21075

3 E-mail address of organization: treasurer.hcrc@gmail.com **4** Date organization was formed: 04/01/2010

5a Name of custodian of records Barbara L. Nye **5b** Custodian's address
7239 Lyndsey Way
Elkridge, MD 21075 -

6a Name of contact person Oliver P. Ditch **6b** Contact person's address
5945 Abrianna Way Unit E
Elkridge, MD 21075 -

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
PO BOX 8581

City or town, state, and ZIP code
Elkridge, MD 21075

8 Type of report (check only one box)

- ☐ First quarterly report (due by April 15)
☐ Second quarterly report (due by July 15)
☐ Third quarterly report (due by October 15)
☐ Year-end report (due by January 31)
☒ Mid-year report (Non-election year only-due by July 31)
- ☐ Monthly report for the month of:
(due by the 20th day following the month shown above, except the December report, which is due by January 31)
☐ Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election:
(2) Date of election:
(3) For the state of:
☐ Post-general election report (due by the 30th day after general election)
(1) Date of election:
(2) For the state of:

9 Total amount of reported contributions (total from all attached Schedules A) **9.** \$ 440

10 Total amount of reported expenditures (total from all attached Schedules B) **10.** \$ 1764

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Barbara L. Nye

07/31/2013

**Sign
Here**



Signature of authorized official



Date

Schedule A **Itemized Contributions**

Schedule A

Contributor's name, mailing address and ZIP code

Oliver P. Ditch
5945 Abrianna Way Unit E
Elkridge, MD 21075 -

Name of contributor's employer

Not-Employed

Contributor's occupation

Retired

Aggregate contributions year-to-date

\$ 450

Amount of contribution

\$ 320

Date of contribution

04/26/2013

Contributor's name, mailing address and ZIP code

Oliver P. Ditch
5945 Abrianna Way Unit E
Elkridge, MD 21075 -

Name of contributor's employer

Not-Employed

Contributor's occupation

Retired

Aggregate contributions year-to-date

\$ 450

Amount of contribution

\$ 120

Date of contribution

03/26/2013

Schedule B Itemized Expenditures

Schedule B

Recipient's name, mailing address and ZIP codeSpirit Cruises
561 Light Street
Baltimore, MD 21202 -**Name of recipient's employer**

NA

Recipients's occupation

NA

Amount of Expenditure

\$ 1264

Date of expenditure

04/04/2013

Purpose of expenditure

Baltimore Harbor Cruise for membership social activity

Recipient's name, mailing address and ZIP codeSpirit Cruises
561 Light Street
Baltimore, MD 21202 -**Name of recipient's employer**

NA

Recipients's occupation

NA

Amount of Expenditure

\$ 500

Date of expenditure

03/01/2013

Purpose of expenditure

Baltimore Harbor Cruise for membership social activity